

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	CD
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	IDENTIFICATION OF A GENE AND MUTATION RESPONSIBLE FOR AUTOSOMAL RECESSIVE CONGENITAL HYDROCEPHALUS
Attorney Docket Number::	28335/39524A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	18
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	L.
Family Name::	Robinson
City of Residence::	Pataskala
State or Province of Residence::	OH
Country of Residence::	US

Street of mailing address:: 6368 Summit Road SW
City of mailing address:: Pataskala
State or Province of mailing address:: OH
Postal or Zip Code of mailing address:: 43062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: E.
Family Name:: Davy
City of Residence:: Columbus
State or Province of Residence:: OH
Country of Residence:: US
Street of mailing address:: 515 Riverview Drive, Apt. 204
City of mailing address:: Columbus
State or Province of mailing address:: OH
Postal or Zip Code of mailing address:: 43202

Correspondence Information

Correspondence Customer Number:: 04743

Representative Information

Representative Customer Number:: 04743

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/406,285	08/27/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/485,440	07/08/03

Assignee Information

Assignee name:: CHILDREN'S HOSPITAL INC
Street of mailing address:: 700 Children's Drive
City of mailing address:: Columbus
State or Province of mailing address:: OH
Postal or Zip Code of mailing address:: 43205